MISSOURI DIVISION OF HEALTH FEDERAL SECURITY AGENCY STANDARD CERTIFICATE OF DEATH Primary Registration District No..... 2001. Registration District No..... Registrar's No..... 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: Jasper (a) State Missouri (b) County Jasper (a) County..... Joplin
(If outside city or town limits, write "RUBAL" and name of township) (c) City or town Joplin
(If outside city or town limits, write "RURAL") (b) City or town..... RECORD (c) Name of hospital or institution; Nionroe

(If not in hospital or institution, write street number or location) (d) Street No. 805 Monroe (If rural, give location) (d) Length of stay: In hospital or institution..... In this community...... 16 years years, months or days) (e) Citizen of foreign country?.....(Yes or No) PERMANENT If yes, name country..... MEDICAL CERTIFICATION Louis C. Bullock 20 DATE OF DEATH: Month July day 29 3. (b) If veteran. 3. (c) Social Security No. year 1947 hour 8 2 I herely certify that I attended the deceased from..... 5. Color or 6. (a) Single, widowed, married racewhite 4. Sex male O divorced married and that death occurred on the data and hour stated above. 6. (b) Name of husband or wife...... 6. (c) Age of husband or wife if Pearl 7. Birth date of deceased. September (Month) 8. AGE: Years Months Days If less than one day 10 9. Birthplace.....(City, town, or county) 10. Usual occupation Frisco Transporation Co PHYSICIAN Major findings: Underline the cause of (City, town, or county)
14. Maiden name dont Know charged sta-(City, town, or county) (State or foreign country) 22. If death was due to external causes, fill in the following: 16. (a) Informant Theodore Bullock (a) Accident, suicide, or homicide (specify)..... Blackwell; Okla (b) Date of occurrence..... (c) Where did injury occur? (City or town) 17. (a) Removal (b) Date thereIt 17 30-47 (Burial, cremation, or removal) (Month) (Day) (Year) (County) (d) Did injury occur in or about home, on farm, in industrial place, in public (c) Place: burial or cremation Blackwell Okla 18. (a) Signature of funeral direction ornhill Joplin, Missouri Jefferson City Printing Co.

47.8-680

STATEMENT	BY	LICENSED	EMBALMER

I hereby certify that the body whose name is recorded or	on the reverse side of this certificate was embalmed by me, or by
	, Registered Apprentice No
working under my personal supervision.	Signed Peila. The lile
	Signed VELX 9. Local LLX
	Licensed Embalmer No. 3590
•	P. O. Address Dohin, 140

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE THE STATE BOARD OF IN STANDARD CERTIFICATION OF THE CENSUS STANDARD CERTIFICATION OF THE STATE BOARD OF IN STANDARD CERTIFICATION OF THE STANDARD	
Registration District No/56 Primary Registration Distric	
1. PLACE OF DEATH: (a) County (b) City or town (If outside city of town limits, write "RURAL and nage of township) (c) Name of hospital or institution: (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)	2. USUAL RESIDENCE OF DECEASED: (a) State
3. (a) PRINT FULL NAME 3. (b) If veteran, name war. 5. Color or race. 6. (a) Single, widowed magned, divorced. 6. (b) Name of husband or wife. 7. Birth date of deceased. (Mgath) (Mgath) (New)	MEDICAL CERTIFICATION 20. DATE OF DEATH; Month pear hour minute M. 21. I hereby certify that I attended the occased from 19 in that I attended above 19 in that I attended on the date and hour stated above. Duration Due to Due to Duration
9. Birthplace	Other conditions (Include pregnancy within 5 months of death) PHYSICIAN Major findings: Of operations Underline the cause to which death Of autopsy
(b) Address 17. (a) (Burial, cremation, or removal) (b) Date thereof (C) Place: burial or cremation 18. (a) Signature of funeral director (b) Address 19. (a) (Date received local resisters) (Registrar's signature)	(b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (e) Means of injury 23. Signature (M. D. or other) Address Date signed
	BUREAU OF THE CENSUS STANDARD CERTIFI Registration District No. Primary Registration District 1. PLACE OF DEATH: (a) County (b) City or town (If outside city or town limits, write "RURA) and make of township) (c) Name of hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. In this community. years, months or days) 3. (a) PRINT FULL NAME 3. (b) If veteran, name war. S. Color or 4. Sex. 5. Color or 6. (a) Single, widowed married, divorced. 6. (b) Name of husband or wife. 7. Birth date of deceased. (Month) 9. Birthplace (City, townlor county) 10. Usual occupation 11. Industry or townships 22. Name (City, townlor county) 13. Birthplace (City, town, or county) 14. Maiden name. (City, town, or county) 15. Birthplace (City, town, or county) 16. (a) Informant (b) Address 17. (a) (Burial, cremation, or removal) (c) Place: burial or cremation. 18. (a) Signature of funeral director. (b) Address 19. (a) (b)